

Implementing the California Outcomes Measurement System (CalOMS) Treatment

May 2006

The California Department of Alcohol and Drug Programs

Introduction

The statewide CalOMS Treatment data collection and outcomes measurement system is a required administrative audit, evaluation, and oversight function to:

- Effectively manage and improve the provision of treatment services provided to AOD clients at the State, county and provider levels.
- Meet federal and State reporting requirements.
- Provide data for reports to the Administration, Legislature, federal government, county boards of supervisors, provider boards of directors and other third-party payers regarding the effectiveness of AOD programs in California.

CalOMS objectives are to:

1. Gather, track, and report process and outcomes measurement information on programs serving clients in the California AOD treatment system.
2. Use up-to-date technology for collecting and submitting data on AOD services.
3. Comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the confidentiality requirements of Title 42 Code of Federal Regulations (CFR), Part 2.
4. Meet the reporting and accountability needs of the federal government, State, counties, and providers.
5. Develop a flexible system capable of adapting to new data reporting requirements.
6. Improve data quality by developing a stable system that reliably gathers and reports client data.

CalOMS Treatment Reporting Entities

As previously required under the California Alcohol and Drug Data System (CADDs), all counties and their subcontracted providers, all direct contract providers receiving public AOD funds, and all private-pay licensed narcotic treatment providers (NTP) are required reporting entities in CalOMS (42 CFR Subpart 2, Sec. 2.12b, Health and Safety Code, section 11755). These entities are responsible for reporting CalOMS data for all of their AOD clients regardless of whether they are publicly funded or private pay. However, private-pay providers receiving only Substance Abuse Treatment Trust Funds under the Substance Abuse and Crime Prevention Act of 2000 are required to report CalOMS Treatment data for their publicly funded clients.

Schedule

Counties and reporting entities are required to develop, implement, and maintain their CalOMS Treatment electronic data collection and reporting systems based on the following projected timeline:

- January 1, 2006—Begin collecting the new CalOMS treatment data set.
- March 15, 2006—Deadline for submitting CalOMS treatment data collected in the month of January 2006.
- Ongoing - minimum monthly submission of CalOMS Treatment data is due 45 days after end of each report month.

Compliance

ADP requires that all counties and providers comply with the collection and reporting of CalOMS data. The County Negotiated Net Amount (NNA) - Drug Medi Cal (DMC) Contracts (Exhibit B, Section HH) and Direct Provider DMC Contracts (Exhibit B, Article V, Section C.4.) describe the counties' and direct providers' responsibilities for implementing CalOMS. ADP supports county and direct provider implementation and maintenance of CalOMS through a commitment to ongoing training and communication strategies that include regional conferences, meetings, training, and technical assistance.

The required certification testing of each county or direct provider CalOMS system will ensure that counties and direct providers are able to demonstrate compliance in the acceptable and consistent submission of required CalOMS data. Any county or direct provider that fails to submit required CalOMS data or comply with ADP's data accuracy standards will have its monthly payments withheld until compliance with the CalOMS reporting requirements has been met.

The implementation of CalOMS Treatment is determined to be part of the counties' ongoing responsibility for program evaluation and to account for the use of public AOD funds. SAPT Block Grant and AOD State General Funds allocated by ADP can be used to cover the cost of implementing CalOMS Treatment. For Drug Medi-Cal (DMC) services, costs must be within the DMC rate. For more information about allowable costs for reimbursement, refer to Office of Management and Budget's Circular A-87, available at www.whitehouse.gov/omb/circulars.

Confidentiality

CalOMS Treatment data is protected by multiple State and federal privacy laws, including HIPAA, 42 CFR and the California Information Practices Act. ADP, counties, and direct providers are bound by all applicable federal and state laws and regulations concerning the receipt, storage, retention, transmission, and use of AOD treatment data. CalOMS has been designed to meet or exceed the applicable confidentiality, privacy and security laws and regulations.

Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records in CFR Title 42, Part 2, commonly referred to as "42 CFR", protects information obtained by an AOD program that could identify an individual as having applied for or received AOD prevention or treatment services. 42 CFR is the most protective of the privacy laws that apply to CalOMS data and makes records with client information maintained by an AOD

program confidential. ADP will not further disclose personally identifiable or personal health information (PHI) with other entities other than as permitted or required by law.

Privacy laws, including 42 CFR and HIPAA, allow providers to share client-identifying information, including name and Social Security Number (SSN), with the county and the state for audit, evaluation, and health care oversight purposes without obtaining each client's consent or authorization to do so. These laws also require state and county authorities to safeguard this information, and restrict its use and further disclosure. Counties and ADP would not be allowed to use or further disclose this information for research purposes without satisfying additional rules specific to research. For this reason, informed client consent is not required to collect and report CalOMS data to ADP. However, this does not preclude counties and direct providers from providing clients with information on why the CalOMS data is being collected and how it will be used.

As described in a following section, CalOMS Treatment collects and uses a set of 13 data elements, including the SSN, to identify unique clients. ADP will not be using the UCI data or any other CalOMS data in a manner that a client could be individually identified except as described in this bulletin. All CalOMS information that ADP may release to external entities will be de-identified and aggregated data.

The HIPAA Privacy Rule, which applies to the use and disclosure of individually identifiable health information by various entities including ADP, is located in Title 45 CFR, Parts 160 and 164. Under HIPAA regulations, all health care providers must protect the confidentiality of the data, as well as the security of the data in information technology systems and while data is being transmitted and stored.

Security

ADP has implemented appropriate and reasonable administrative, physical and technical safeguards necessary to ensure CalOMS Treatment data is processed and stored in a safe, protected environment and unauthorized access to the data is prevented. The security and privacy protections built into the CalOMS Treatment system exceed the HIPAA security and privacy requirements. Some of the measures employed by ADP in the design and deployment of the system to ensure the safety and protection of AOD client data are:

- The counties and direct providers are required to send and receive CalOMS data files and data reports via the Internet Technology Web Services (ITWS) portal operated by the Department of Mental Health. To protect these files as they travel over the public Internet, the ITWS performs each file transmission within an SSL-encrypted Web browser session and in the form of password protected Zip files.
- The CalOMS system receives, processes, stores and manages client data submitted by counties and direct providers. This system runs on computer servers that are installed, maintained and protected in the State's data center within the Department of Technology Services (DTS). The DTS has

implemented a rigorous and comprehensive technology architecture designed to provide a very high level of protection and security for the systems. Access is controlled by a series of firewalls and other hardware and software equipment designed to protect it from unauthorized access from external sources to prevent access by unauthorized employees. Only authorized ADP and DTS technical staff have access to the CalOMS system to perform necessary support, management and maintenance functions. The data is stored in an encrypted database utilizing Oracle database management software to manage and maintain the CalOMS database, providing a high level of protection and controlled access for the CalOMS data.

- The ITWS web portal further controls who can submit data and access the data reporting capabilities of CalOMS through the automated ITWS access approval and enrollment process and required ITWS user identifiers and passwords. When county and direct provider staff request and produce CalOMS reports, the ITWS and CalOMS systems restrict the reporting of CalOMS data available to these individuals to either statewide aggregated de-identified report views or report views generated only from data submitted by that county or direct provider program. Other than statewide aggregated reporting, a county or direct provider will not be able to access or produce data reports using data from another county or direct provider. All reports will be appropriately labeled to notify the user of their responsibility to protect the report contents in accordance with State and federal laws.
- Within the CalOMS application software, ADP has implemented a Privacy Aware, Role-Based Access Control (PARBAC) mechanism to restrict access to automated CalOMS functions and data to only authorized ADP staff who have a necessary business need in order to perform their job within ADP. Any ADP staff member granted access to a CalOMS function will need to provide their valid user identification and password whenever they use CalOMS. ADP staff who receive CalOMS access authorization will attend HIPAA privacy awareness training.
- The CalOMS system automatically logs every user access to the CalOMS database. For security audit and management purposes, the system can produce reports of who accessed CalOMS data by user identification, date, time, etc.

ADP will take any and all steps it determines are necessary to ensure the continuous security of all electronic data systems containing personally identifiable information and PHI. ADP will mitigate any harmful effect known to ADP of a use or disclosure of PHI that violates the requirements of HIPAA or 42 CFR, Part 2 to the extent practicable. All ADP employees with authorized access to PHI will receive training on the HIPAA security requirements and agree to the restrictions and conditions of PHI data prior to authorization.

Data Set

The CalOMS treatment data set consists of five component data sets:

1. Unique Client Identifier (UCI): As described above, CalOMS Treatment collects and uses a set of 13 data elements, including the SSN, to identify unique clients. This information is critical to track clients as they move through the statewide system and to measure service effectiveness of treatment services an individual client receives. The intent of the UCI is to not to measure an individual client's treatment progress by itself, but rather to be able to track an individual's progress across several providers or services in order to measure the overall success of the continuum of treatment services and programs as a whole in meeting clients treatment needs.
2. Treatment Episode Data Set (TEDS): This is a set of federally required data elements that inform about each client's admission and discharge. Admission and discharge data on all clients served in California's publicly funded treatment programs must be reported to TEDS.
3. California Alcohol and Drug Data Set (CADDs): This is the system built in 1991 to collect TEDS required data. The elements of the CADDs data set include all the required TEDS elements, optional TEDS elements used for state reporting, and State-required data elements. The CADDs/TEDS questions have been included in the CalOMS data set to continue collecting this required data.
4. National Outcome Measures (NOM): The NOM data set evolved from the federal Performance Partnership Grant, which was the initial set of data elements proposed by the Center for Substance Abuse Treatment to measure outcomes. The NOM data is required reporting for the federal Substance Abuse Prevention and Treatment (SAPT) block grant.

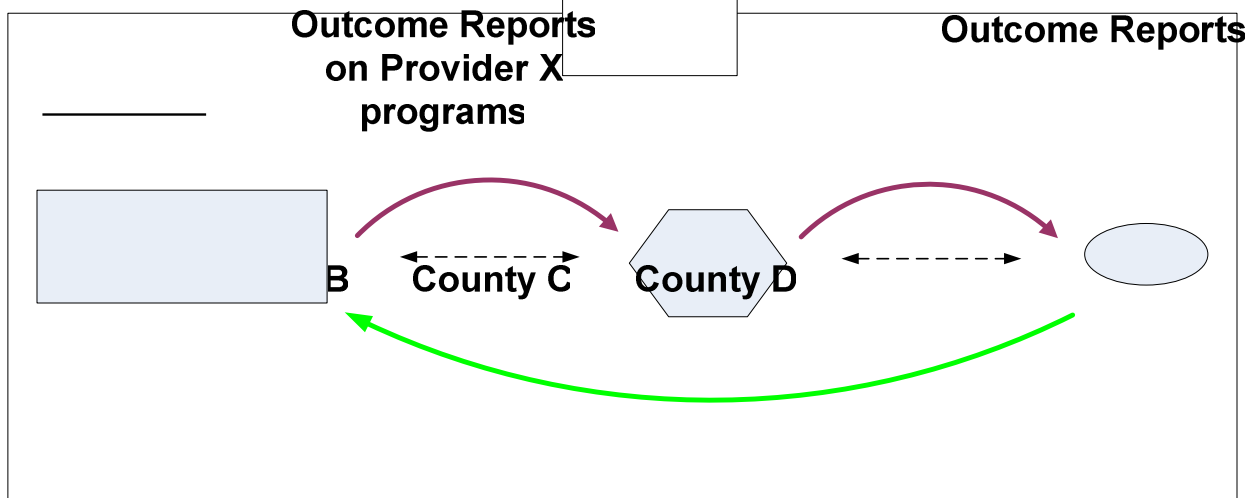
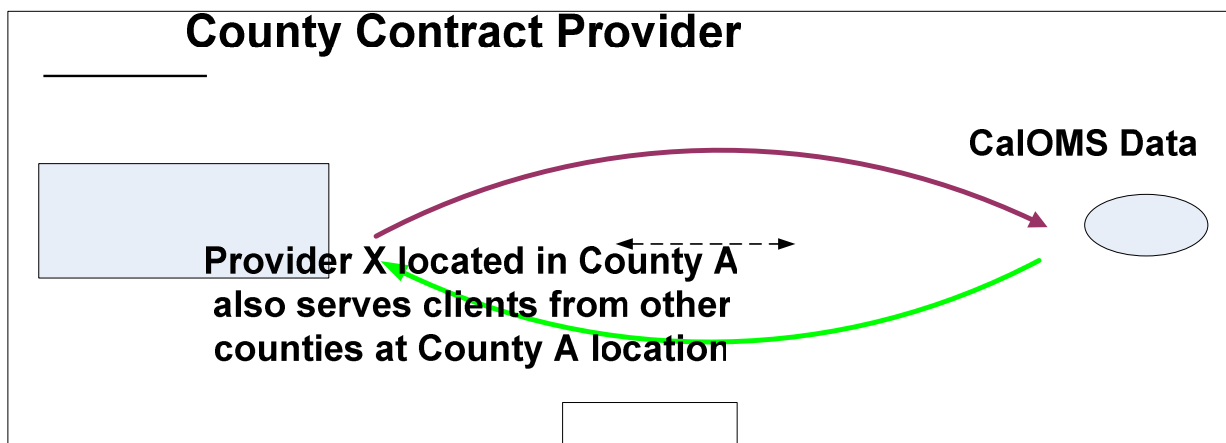
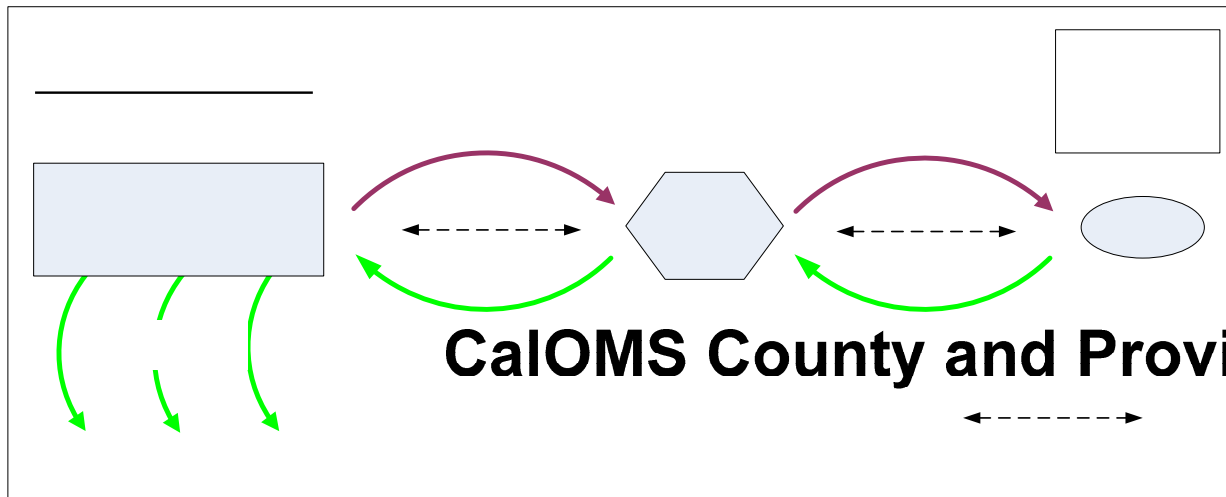
The NOM includes outcome data elements that will be reported annually in the State's SAPT block grant application. These elements will enable measurement of change in a number of client life areas including: alcohol and drug use, employment and education, criminal justice, family and living conditions, access/capacity, social connectedness, and retention/length of stay.

5. Minimum Treatment Outcome Questions (MTOQ): The MTOQ data set was developed by ADP in collaboration with the Treatment Sub Work Group of the Implementation Work Group (IWG). Like the NOM, this set of questions is designed to measure outcomes and change in a seven life areas: alcohol use, drug use, employment/education, family/social, medical, legal, and psychological.

Data Flow

ADP requires counties to collect the CalOMS Treatment data from their contracted providers located within the county and send it to ADP in the form of an electronic data file. Direct contract providers and private NTPs are also responsible for submitting their

CalOMS data to ADP using the same standard file format if they do not have an existing agreement with their county of location to submit the CalOMS data to ADP on their behalf. The following diagram illustrates the CalOMS data flow.



- Counties and direct providers will collect the CalOMS data in their systems and send data files with the required data to ADP monthly. Counties and direct providers will submit the data files for each month to ADP within 45 days after the end of that month. Data can be submitted more frequently than monthly to meet the county and direct provider needs and business process.
- ADP will receive the county and direct provider data files and update the ADP CalOMS database.
- ADP will provide the means for counties and direct providers to extract their data from the CalOMS database and to run reports from CalOMS data.
- Data will flow from the provider to the county where the provider is located, then to ADP. The county of location is responsible to submit CalOMS data to ADP for all clients served at each of their facilities. For counties paying for client services at a program located in another county, the paying county will be able to access treatment outcomes data for those clients in their CalOMS reports. Direct providers will, in general, report their CalOMS data directly to ADP.
- For out of county services, ADP has a process for counties and providers to register their agreements. ADP calls these agreements Special Services contracts. The content of the Special Services contracts are developed by the county and provider. Either the county or the provider can apply for the Special Services Contract number, which will be entered in the client's CalOMS data. Contact Karen Wooley, ADP Fiscal Management and Accountability Branch, at kwooley@adp.state.ca.us to apply for a Special Services Contract number.

Treatment Episode

One of the improvements within CalOMS is the ability to link individual treatment service sets to a treatment episode. The service sets, sometimes referred to or defined as modalities, are:

- Outpatient and Outpatient Drug Free (ODF),
- Day Care Habilitative (DCH) also called Day Care Rehabilitative (DCR) in Drug Medi-Cal,
- Narcotic Treatment Program (NTP) including Naltrexone,
- Detoxification – medical, non-medical, and residential, and
- Residential – both long and short term.

Admission and discharge for treatment programs are defined in the CalOMS Data Collection Guide. One service set, not the full treatment episode, is from admission to discharge. In order to link the individual treatment service sets to an episode, the definition of a treatment episode had to be established. A treatment episode is defined as one or more treatment service sets without a break of more than 30 days between service sets (e.g., detoxification, residential, outpatient). This definition is consistent with the federal treatment episode definition.

Data Collection Points

CalOMS was developed to collect client treatment information at admission and at discharge. Because clients in NTP and other services may stay in treatment for periods of time longer than one year, the outcome information would not have been collected for a significant period of time and the impact of services would not be reported. Therefore, all providers will collect the CalOMS data set at admission, discharge, and annually (during the Annual Update) from all clients who stay in treatment over 12 months. Client data will be collected at 12 months following admission and then annually until the client is discharged.

Post-treatment follow-up was removed from the scope and design of CalOMS Phase One to reduce the initial cost of implementing CalOMS and to permit more time for ADP and the counties to implement CalOMS Phase One.

Data Compliance Standards

ADP has established the following CalOMS Treatment data compliance standards to ensure that CalOMS data submitted by counties and providers will be complete accurate, and submitted in a timely manner. Compliance with these data standards will take commitment by ADP, the counties, and providers and will help ADP and the field more effectively achieve the CalOMS data collection and outcomes measurement objectives.

Receiving complete and accurate data will benefit ADP, counties, and providers in many ways including reducing the workload necessary to monitor and correct incomplete and rejected data. Ensuring that only quality data resides in the CalOMS database will provide the most accurate and reliable information about client population demographics, their changes in AOD use and the overall effectiveness of treatment. Furthermore, the ability to link client admission and discharge data will allow for comparisons across treatment episodes that will be useful in improving the continuum of treatment services.

The following definitions will apply to the data submitted to ADP.

- Record – Individual report of each client and can include the following events; admission, discharge, annual update, deletions or re-submissions.
- Batch File– All client records, gathered together and sent as a file to ADP.
- Report Month – Month in which admission, discharge, annual update occurs.
- Fatal Error – Error within a record that results in a rejection of the entire record. A report will be generated alerting submitter of the need to correct and resubmit the record.

Counties and direct providers must conduct IT systems testing and receive ADP certification for submission of CalOMS treatment data. Counties and direct providers are required to incorporate in their CalOMS information systems the same level of field and relational edits specified in the CalOMS Data Dictionary. If counties or direct providers change IT vendors, build their own data collection systems, or modify a

current IT system, the modifications or new system must be re-tested and certified by ADP before CalOMS data will be accepted.

Initially, ADP, counties, and direct providers systems may not be fully stabilized. Therefore ADP's approach to these Data Standards Requirements compliance will be phased in and appropriate to the degree that systems are stable.

Timeliness

Standard: Counties and direct providers shall submit CalOMS treatment data to ADP as soon as possible but not later than 45 days after the end of the report month.

ADP expects counties and direct providers to submit their monthly electronic CalOMS treatment data as soon as it is available, either during or after the end of the report month (i.e., the calendar month in which the admissions, discharges, or annual updates occur). Counties and direct providers may submit their CalOMS treatment data in one or more batch files, as frequently as best fits their business processes.

The data submitted monthly will include:

- Admission records for the report month and any late records for prior months.
- Discharge records for the report month and any late records for prior months.
- Annual Treatment Update Records (for long term and NTP clients).
- Unmatched Records consisting of admission data sets.
- Deletions.
- Corrections / Resubmissions.

Standard: Counties and direct providers shall correct data errors identified by ADP and resubmit corrected CalOMS treatment data to ADP as soon as possible but not later than 75 days after the end of the original report month.

Standard: Annually, not more than five percent (5%) of individual admission reports and ten percent 10%) of individual discharge reports shall be submitted from months prior to the current report month.

Completeness

Standard: Counties shall account for all (100%) of their treatment providers in their monthly CalOMS treatment batch file.

ADP will measure county and direct provider completeness of reporting. Counties shall account for all (100 percent) of their treatment providers, including providers with transaction records, (e.g. admissions, discharges, or annual updates) as well as providers that show no activity.

Standard: All providers shall submit CalOMS data for all admissions, discharges, or annual updates every month.

All providers must report each month. If a provider has no reportable CalOMS activity, the provider must report "No Activity."

Standard: Counties and direct providers shall submit CalOMS treatment data that contains valid entries in every field of every record.

Every data field in every CalOMS record is important. Failure to successfully answer each CalOMS data requirement will result in a fatal record error that will be reported to the county or direct provider for correction and resubmittal. Discharge records for which there is not a current or previously submitted admission record will be rejected.

A ratio of discharge to admission data will be established for each county and direct provider. ADP will monitor these percentages on a quarterly basis to determine if they are within the historical average. A percentage of the annual average of data records submissions will be established for each county and direct provider. ADP will monitor these percentages on a quarterly basis to determine if they are within the historical average.

Data Accuracy

Standard: The rate of fatal record errors detected shall not exceed five percent (5%) for each CalOMS treatment data batch file submitted.

ADP will be conducting ongoing monitoring of data submission through automated processes and producing automated reports. After each county's and direct provider's monthly submission, ADP will generate detailed and summary compliance reports for the counties and direct providers. Detailed reports will show errors at the individual record level. After receiving an error report, counties and direct providers shall correct all records that had fatal errors and return them to ADP according to the timeliness standard described above.

Data Timetable

The following table shows the estimated longest possible duration timeline for counties that use a paper process between their providers in completing their monthly CalOMS data submission to ADP, to make necessary corrections, and to resubmit the corrected data. This timeline also formed the basis for the 45 day and 75 day timeliness standards described above.

CalOMS Tasks	Maximum Length of Time	Accumulative Time (From end of report month)
<ul style="list-style-type: none">Providers collect data and submit to the county.	14 days	14 days
<ul style="list-style-type: none">County/Direct Provider (DP) enters data into their system.	30 days	44 days
<ul style="list-style-type: none">County/DP data sent to ADP.	1 day	45 days
<ul style="list-style-type: none">Automated email notification of data submission received.	Within minutes	45 days
<ul style="list-style-type: none">If applicable, error report generated by ADP and returned to county/DP.	1 day	46 days

<ul style="list-style-type: none"> County/DP reviews error reports. Correction requests are distributed to providers. 	9 days	55 days
<ul style="list-style-type: none"> Provider researches error, makes correction, and returns report to the county. 	10 days	65 days
<ul style="list-style-type: none"> County/DP gathers up reports and enters corrected data. 	9 days	74 days
<ul style="list-style-type: none"> Correction is sent to ADP. 	1 day	75 days
<i>This table is based on a calendar month and assumes providers are submitting data to their county on paper using the U.S. postal service. DMC/NNA boilerplate language allows 45 days from the end of the report month for data submission.</i>		

Standardized Data Outcome Reports

The CalOMS system is designed and built to produce a series of process and outcome monitoring reports that summarize the results of all client responses to the CalOMS questions before and after treatment and the percent change between these data collection points. ADP's system development contractor is working with ADP, County Alcohol and Drug Programs Administrators Association, and the IWG to finalize the design and content of these data reports and the business rules for producing them.

Process Measures: Process measures and analysis are used to examine the extent to which treatment programs are operating as intended. The assessment of the program operations include the population being served, treatment population and the way the services are being delivered, accessing services.

Outcome Measures: Outcome measures and analysis are used to assess the extent to which a program affects the clients. This included the way the services are being utilized by the clients and most importantly the effect of the treatment program on the clients.

Information from the CalOMS database will provide ADP, counties and policy makers on local, State, and federal levels with the data necessary to improve treatment delivery systems and document the societal benefits of AOD treatment. CalOMS data outcome reports will give counties and providers the ability to improve services for clients and participants by identifying effective programmatic factors. Counties will also have the ability to compare and contrast outcomes across counties and to statewide averages.

